

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628			3. LOCATION CODE 304		4. BEAT/OCCUR 0512	
MEMBER INVOLVED	5. POSITION 9165		6. LAST NAME BUSH		7. FIRST NAME GARY S		8. STAR NO. 20082		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
	10. RACE CODE WHI		11. AGE 605		12. HT 230		13. WT 230			
	14. DATE OF APPT. 04-NOV-1996		15. EMPLOYEE NO. 193		16. UNIT & BEAT OF ASSIGNMENT 6565B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME MCSWAIN		21. FIRST NAME EUGENE		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
	25. D.O.B. 506		26. HT 150		27. WT 150		28. ADDRESS CHRIST		29. TELEPHONE NO. DR.	
	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		34. BY WHOM? DR.	
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 00000000		37. CB NO. 00000000		38. IR NO. 00000000		39. DNA	
REASON FOR USE OF FORCE (Check all that apply)	30. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY	
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
CASE INFO.	40. CHEMICAL WEAPON AUTHORIZED BY (NAME)		41. ADDITIONAL INFORMATION THE OFFENDER MCSWAIN WAS ARMED WITH A COLT, .45 CALIBER SEMI-AUTOMATIC PISTOL, SERIAL #B67370, WHICH HE USED TO ASSAULT THE R/O & ASSISTING OFFICERS.		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		47. MAKE/MANUFACTURER GLOCK, INC.-AU-		48. MODEL 17		49. BARREL LENGTH 4	
	50. TASER DART ID NO.		51. WEAPON SERIAL NO. (Include Letters) YST570		52. CHICAGO GUN REG. NO.		53. IL FIREARM OWNER ID. NO.		54. HANDGUN CERTIFICATE NO.	
	55. SPECIAL WEAPON CERTIFICATE NO.		56. PROPERTY INVENTORY NO.		57. TYPE OF AMMUNITION USED Department Issued		58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		59. TOTAL NO. OF SHOTS MEMBER FIRED 1	
SIGNATURES	60. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		61. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		62. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		63. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
	65. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		66. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
	70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR. & OGIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		73. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		74. REPORTING MEMBER (Print Name) BUSH, GARY S	
	75. REPORTING MEMBER (Print Name) 10-JUL-2015 23:18:18		STAR/EMPLOYEE NO. 20082		SIGNATURE [Signature]		76. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		STAR NO. 809	
77. DATE REVIEWED 10-JUL-2015 23:20:19		TIME 10-JUL-2015 23:20:19		78. SIGNATURE [Signature]		79. DATE REVIEWED 10-JUL-2015 23:20:19		TIME 10-JUL-2015 23:20:19		

Log 1076081
VH15-10

AH-28

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is hospitalized and unable to be interviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the discharge by police officer Gary Bush #20082 are within department guidelines. Officer Bush, while attempting to detain a possibly wanted subject observed this subject reach down onto the floor of the vehicle take possession of and raise a gun in his hand. Officer Bush, fearing he and his fellow officers would be shot, discharged his firearm striking the offender.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

11-JUL-2015 00:18:37

79. TOTAL TRR's THIS EVENT No

8

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Att. 28